POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		05-10-01
O.I.P.E. CLASSIFIER		59	5311
FORMALITY REVIEW	H.S	866	07-06-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	7/1/03	1/5/04	Date
1	①	✓	✓	
2		✓	✓	
3		✓	✓	
4		✓	✓	
5		✓	✓	
6	⑥	✓	✓	
7		✓	✓	
8		✓	✓	
9		✓	✓	
10		✓	✓	
11	⑪	✓	✓	
12		✓	✓	
13		✓	✓	
14		✓	✓	
15		✓	✓	
16	⑯	✓	✓	
17		✓	✓	
18		✓	✓	
19		✓	✓	
20		✓	✓	
21	㉑	✓	✓	
22		✓	✓	
23		✓	✓	
24		✓	✓	
25		✓	✓	
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42			✓	
43			✓	
44			✓	
45			✓	
46			✓	
47			✓	
48			✓	
49			✓	
50			✓	

Claim Final	Original	1/5/04	Date
51		✓	
52		✓	
53		✓	
54		✓	
55		✓	
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Claim Final	Original	Date
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If more than 150 claims or 10 actions staple additional sheet here

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